



Town of Alton

Cemetery Department
PO Box 659 124 Suncook Valley Rd. Alton NH 03809
Phone 603-875-0202 Fax 603-875-0255

BURIAL AUTHORIZATION FORM

I, _____
Name

PO Box / Street

City, State, Zip

Home Phone

Cell Phone

Request burial for: _____
(Name of Deceased)

Relationship to Deceased

Row

Lot

☐ Old Riverside Cemetery
Location in plot to be opened _____

☐ New Riverside Cemetery

On this date _____ Time _____ AM/PM

Signature of Requestor: _____